

2874

MAKING RESERVE FOR BINDING

N. B.—WRITE IN INK, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 324

1. PLACE OF DEATH
County Pima State Arizona Registered No. _____
Township _____ or Village _____
City Agua No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME, street and number)
Length of residence in city or town where death occurred: yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? yrs. _____ mos. _____ ds.

2. FULL NAME Ann Janice McCallum
(a) Residence: No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city, state and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year) _____

7. AGE Years _____ Months _____ Days 3 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Agua (state or country) Arizona

13. NAME Gerald James McCallum

14. BIRTHPLACE (city or town) Phoenix (State or country) Arizona

15. MAIDEN NAME Sulema Rogers

16. BIRTHPLACE (city or town) Denmark (State or country) _____

17. INFORMANT Gerald James McCallum (Address) Agua

18. BURIAL, CREMATION, OR REMOVAL Place Agua Date Oct 19 1935

19. UNDERTAKER W. J. Lyons (Address) Agua

20. Filed Nov 8 1935 Registrar Catherine T. Wood

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1935 to Oct. 17, 1935
I last saw her alive on Oct. 19, 1935, death is said to have occurred on the date stated above, at 10:30 AM

The principal cause of death and related causes of importance were as follows:
Patulum Torsemum Orate Oct 16 1935

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signature) W. J. Lyons M. D.
(Address) Agua